STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOHN ELIAS BALDACCI
GOVERNOR

BRENDA M. HARVEY
G COMMISSIONER

Children's Services Change of Status Form

Date Entered (DHHS Completes) _____

Highlight any changes

Child's Name:	Town:	DOB:
Soc Sec #:	Maine Care#:	Date Form Completed:
Name of person completing form:	Agency Name & Phone:	

Change of Child's Address/Name	Date of Change: ☐ Update guardians address also	
Child's New Name:	Parent/Guardian New Name:	
Street:	City/Town:	Zip:
Phone:	Reason:	

Change in Legal Guardianship of the Child

A. Guardian(s)

Parents First & Last Name:	Mailing Address:	Phone#: Cell# ☐ No Phone
Legal Guardian (other than Biological parents):	Mailing Address:	Phone#: Cell# ☐ No Phone
B. Parent Rights and Responsibilities		
Sole First & Last Name:	Mailing Address:	Phone#: Cell# ☐ No Phone
Shared First & Last Name:	Mailing Address:	Phone#: Cell# ☐ No Phone
Shared First & Last Name:	Mailing Address:	Phone#: Cell#: ☐ No Phone
C. State Guardian		
DHHS Case Worker First & Last Name:	Office Address:	Office #: Cell #: Pager #:

Child's Name:

Change in Diagnosis

Prior Diagnosis
(Optional):

Diagnosis Update:	Date of new evaluation:

Change in Case Management Status

Case Manager's Name and Office Location/Phone:

Billing Start Date:	Level 1 ☐ Level 2 ☐ Date of Change of level:

Closed to Service Reason Code: Explanation of Change:	Closed to Service Date:
Name of New Case Manager (Transfer)	Date of transfer to a new case manager:

Change in Case Management Staff: Location/New Hires/ Resigned Staff

Staff Person Name and email address:	New Hire Date:
Office Location and Phone:	Resigned Date:

Change in MaineCare Section(24) or MaineCare Section 65 (H) & 65 (M) & 65 (N)

☐ Maine Care Section (24) ☐ Maine Care Section 65(H) Maine Care Section ☐ 65(M) ☐ 65(N)

Date of Referral:	Agency Name/Location:

Service Status: ☐ FS ☐ PS ☐ SI ☐ Closed/Discharged Child's Initial Treatment Plan Date:

Date of Change of Status: Reason for Change:

Has Targeted Case Manager been contacted of changes Yes ☐ No ☐ If discharging, does child/family still require this service? Yes ☐ or ☐

Waiting Status: ☐ Waiting ☐ Waiting-Unavailable ☐ Closed to Waiting

Date of Change of Status: Reason for Change: